

## PROMOTING HEALTH & WELLBEING

- ❖ *Improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to: 'old' public health, the biomedical approach to health and improvements in medical technology, development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion, the relationship between biomedical and social models of health*

### OLD PUBLIC HEALTH

Government actions that focused on changing the physical environment to prevent the spread of disease, such as providing safe water, sanitation and sewage disposal, improved nutrition, improved housing conditions and better work conditions

- Reduction in deaths from infectious diseases, such as diarrhoea and cholera, particularly in children.
- Improved housing led to a reduction in respiratory diseases such as influenza and pneumonia. Improved nutrition meant that people had better established immune systems, enabling them to fight infectious diseases or recover more quickly from them.
- These actions brought about improvements in life expectancy and infant mortality rates.

### THE BIOMEDICAL APPROACH TO HEALTH AND IMPROVEMENTS IN MEDICAL TECHNOLOGY

The biomedical model of health, sometimes referred to as the 'band aid' or 'quick-fix' approach, focuses on the physical or biological aspects of disease and illness. It involves diagnosing and treating illnesses and conditions once symptoms are present. It focuses mainly on the use of technology to diagnose and cure disease, and on the services provided by doctors, specialists and hospitals. Individuals are the focus of the biomedical model, in contrast to the population-based focus of public health actions.

#### Advantages of the Biomedical Model of health:

- It creates advance in technology and research
- Many illnesses can be effectively treated
- It extends life expectancy

#### Disadvantages of the Biomedical Model of health:

- It is very expensive
- Relies on health professionals and use of technology
- Does not promote good health and wellbeing
- Not every condition is treatable

### **Improvements in medical technology:**

Since the 1900's there has been many medical technological improvements that have been seen, some of these including:

- Discovery of antibiotics: through administration of antibiotics many illnesses, such as infections and communicable diseases, are able to be treated and therefore we have been able to have decreased morbidity and mortality rates from infectious diseases.
- Vaccinations: leading to prevention of common illnesses, this has seen a decrease in the number of preventable diseases including some cancers, tuberculosis and many others.
- Improved diagnostic machinery (including X-rays and MRI machines): with improved diagnostic equipment conditions can be identified from an earlier stage meaning that treatment can start earlier. With this early intervention the condition is less likely to lead to mortality rates.

## **DEVELOPMENT OF 'NEW' PUBLIC HEALTH INCLUDING THE SOCIAL MODEL OF HEALTH AND THE OTTAWA CHARTER FOR HEALTH PROMOTION**

While the biomedical model of health is helping treating diseases there continues to present a matter of lack of care from individuals about monitoring and taking care of their own health.

### **New public health:**

An approach to health that expands the traditional focus on individual behaviour change to one that considers the ways in which physical, sociocultural and political environments impact on health. Also referred to as the social model of health.

### **Health Promotion:**

'The process of enabling people to increase control over, and to improve, their health' (WHO, 1998).

## **THE SOCIAL MODEL OF HEALTH:**

An approach to health that attempts to address the broader influences on health (social, cultural, environmental and economic factors), rather than the disease or injury itself.  
Principles of the social model of health: (AAAIE)

### ***Addresses the broader determinants***

This area focusses on the individual factors that are impacting the health of Australians. For example implementing the Quit program to encourage individuals to stop smoking to decrease rates of many related diseases.

It also looks at social factors, physical environment factors, behavioural factors. All matters that the individual can have control over.

### ***Involves intersectoral collaborations***

There are many government and non-government organisations and stakeholders who have an influence over the sociocultural and environmental factors that influence health status. This area focusses on involving all areas to be working together to achieve the desired outcome.

### ***Acts to reduce social inequities***

To achieve this, the sociocultural factors that contribute to inequities in health status must be addressed. Many individuals and population groups are heavily influenced by sociocultural and environmental factors such as gender, culture, race, socioeconomic status, access to healthcare, social exclusion and the physical environment.

### ***Acts to enable access to health care***

This focusses on eliminating any barriers that may prevent groups of people not having fair and equal access to healthcare. Focussing of equality between factors such as:

- Race
- Gender
- SES, and many more.

### ***Empowers individuals and communities***

Empowering individuals and communities means people can participate in decision making about their health and wellbeing. Individuals are more likely to participate in these healthy lifestyle behaviours if they are encouraged by those around them and their community.

**Advantages:**

- It promotes good health and wellbeing and assists in preventing diseases.
- It promotes overall health and wellbeing.
- It is relatively inexpensive.
- It focuses on vulnerable population groups.
- Education can be passed on from generation to generation.
- The responsibility for health and wellbeing is shared.

**Disadvantages:**

- Not every condition can be prevented.
- It does not promote the development of technology and medical knowledge.
- It does not address the health and wellbeing concerns of individuals.
- Health promotion messages may be ignored.

## **THE OTTAWA CHARTER FOR HEALTH PROMOTION:**

An approach to health developed by the World Health Organization that aims to reduce inequalities in health. It reflects the social model of health and provides five action areas that can be used as a basis for improving health status, all of which are centred around three strategies for health promotion which are enabling, mediating and advocacy.

### **STRATEGIES OF HEALTH PROMOTION:**

#### **Enable**

- Creating a supportive environment and providing access to information and skills to enable people to achieve their health potential.
- Making health equal for all

#### **Advocate**

- Lobbying governments and organisations to improve access to and provision of health care services.
- Making political, economic, social, cultural, environmental, behavioural and biological factors/conditions favourable to health through advocacy for health.

#### **Mediate**

- Ensuring the coordination of health services across and within sectors

### **The 5 action areas are: (BAD CATS SMELL DEAD RATS)**

#### **Build healthy public policy**

The principle relates to the decision made by government and organisations associated with health policies and laws.

Example: Increasing tax on alcoholic beverages and the removal of GST from unprocessed foods, aiming to make it difficult for people to participate in unhealthy behaviours. In this capacity the laws and policies implemented by these governments and organisations make healthier choices, easier choices.

#### **Create supportive environments**

- Programs or support groups to help people make healthy lifestyle choices and promote health. This can include programs such as QUIT, Sunsmart and doing things such as putting up shaded areas in schools to promote being Sunsmart.
- This priority area aims to promote the health of the wider community.

### **Strengthen community action**

Focuses on building links between individuals and the community, working together to achieve a common goal and giving the community a sense of ownership of health strategy. This increases the likelihood of effectiveness.

Example: The aboriginal people are in control of the aboriginal congress, run by them and for them. The service provides health care, education and advocacy. The more people work together increases the likelihood of success.

### **Develop personal skills**

This priority area develops personal skills through education. Education allows people to gain health-related knowledge and gaining life skills that allow people to make informed decisions that may indirectly affect health. School, work settings, families and government and non-government organisations have roles in achieving adequate education.

Examples:

- Attending classes teaching healthy cooking techniques
- Talking to people to resolve conflict rather than using violence

### **Reorient health services**

This priority area refers to reorienting the health system so it promotes health as opposed to only focusing on diagnosing and treating, illness, as is the case with the biomedical model. In order to reorient health services, the health system must encompass not only doctors and hospitals, but all members of the community including individuals, community groups, health professionals, health service institutions and governments.

## **THE RELATIONSHIP BETWEEN THE BIOMEDICAL MODEL AND THE SOCIAL MODEL OF HEALTH**

Both models of health achieve different outcomes, we are seeing improvements in health status because of both models being successful. The biomedical model is responsible for the increase in life expectancy because of being able to treat many condition and decrease rates of premature death, while the social model of health is responsible for decreasing our number of diseases that lead to premature death through promotion and prevention.

An example of the two models working successfully for lung cancer can be seen below:

Tobacco smoking accounted for most lung cancer deaths for males and females, and the decline in deaths reflects changes in smoking rates brought about by a range of health promotion strategies and public health policies (the social model of health), and improved technology in terms of better diagnosis and more effective treatments (the biomedical approach to health).

*Lung Cancer has seen this decline due not only to the promotion of smoking risks but also the increasing in medical technology that assisted with more thorough diagnosis or more reliable treatment of this condition.*

## MODELS OF HEALTH AND HEALTH PROMOTION

Model of Health	Description
<b>The biomedical model of health</b>	This model focuses on the physical or biological aspects of disease and illness. It is a medical model of care practised by doctors and/or health professionals and is associated with the diagnosis, cure and treatment of disease.
<b>The social model of health</b>	Attempts to address the broader influences on health (social, cultural, environmental and economic factors) rather than disease and injury. The model is based on the understanding that in order for health gains to occur, these factors must be addressed.
<b>The Ottawa Charter for health promotion</b>	<p>An approach to health development that was produced to assist governments and other key stakeholders to implement health promotion. Was developed from the social model of health.</p> <p>It identifies that there are certain prerequisites or basic conditions and resources that must be available if any gains in health are to occur. They are:</p> <ul style="list-style-type: none"> <li>• Peace</li> <li>• Shelter</li> <li>• Education</li> <li>• Food</li> <li>• Income</li> <li>• A stable ecosystem</li> <li>• Sustainable resources</li> <li>• Social justice and equity</li> </ul>

## PRINCIPLES OF THE SOCIAL MODEL OF HEALTH

### **Addresses the broader determinants of health**

– Differences in health status and health outcomes are linked to social factors including gender, income, culture, race and ethnicity, socio-economic status, location and physical environment. Therefore, these factors must also be addressed.

**Involves intersectorial collaboration** – social and environmental factors of health cannot be addressed by the health sector alone and require coordinated action among different government departments (such as those responsible for employment, education, finance etc.) and the private sector.



**THE SOCIAL MODEL OF HEALTH**

**Acts to enable access to health care -** health services should be affordable and available according to people's needs. Health information should be available to all in accessible and appropriate formats.

**Empower individuals and communities -** people have the right to participate in decision-making about their health.

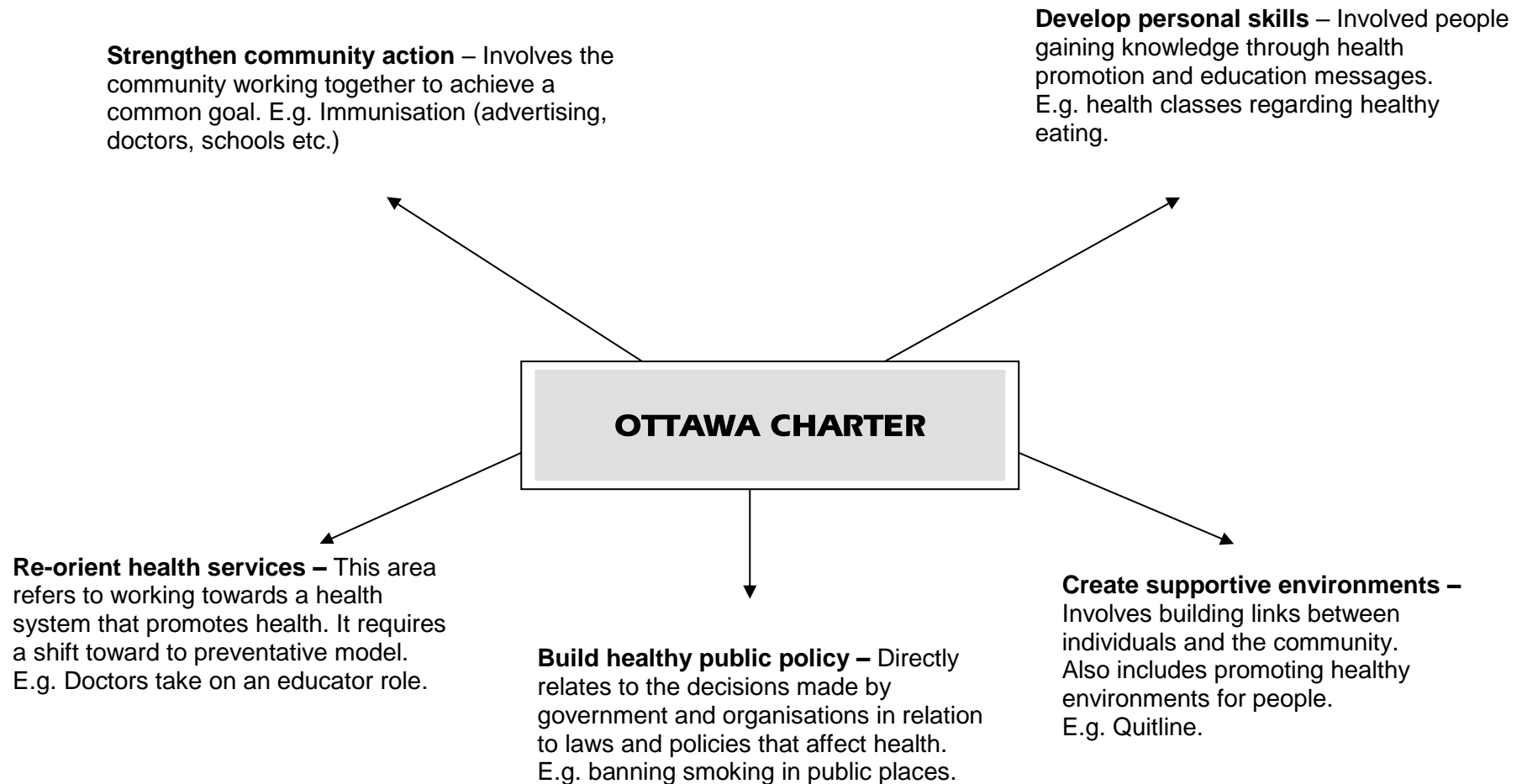
**Acts to reduce social inequities -** equity is key principles for health service delivery. The social model of health acts to reduce inequities as a result from factors such as gender, culture, race, socio-economic status, location and physical environment.



## USING THE SOCIAL MODEL OF HEALTH:

Principle of the social model Issue to be Addressed	<b>Addresses the broader determinants of health</b>	<b>Involves intersectorial collaboration</b>	<b>Acts to enable access to health care</b>	<b>Empowers individuals and communities</b>	<b>Acts to reduce social inequities</b>
Cardiovascular disease	Provide parks and recreation facilities in areas that lack such resources.	Produce education campaigns that are promoted through schools, sports clubs and all levels of government.	Provide an interactive knowledge base on the internet that all people with internet access can utilise.	Teach school aged children how to cook 'heart healthy' foods.	Implement programs targeted at indigenous, low SES and rural and remote populations.
Injuries due to road trauma	Provide training materials in languages other than English.	Promote the safe driving message through workplaces and schools.	Provide funding for learner drivers to be picked up from their home for advanced driver training. This would increase participation for those without their own car or time constraints. (Health promotion)	Provide advanced driver training for learner drivers.	Develop programs aimed at young males and SES levels.
Drug abuse					
Skin cancer					

## PRIORITY / ACTIONS AREAS OF THE OTTAWA CHARTER:



## USING THE OTTAWA CHARTER:

Element of the Ottawa Charter  Issue to be addressed	<b>Build healthy public policy</b>	<b>Create supportive environments</b>	<b>Strengthen community action</b>	<b>Develop personal skills</b>	<b>Reorient health services</b>
Childhood obesity in primary schools	Develop a healthy canteen policy.	Run a breakfast program and make the canteen a healthy food zone.	Develop a whole school approach to healthy eating.	Teach students about healthy eating so they can make healthy choices.	Invite a local doctor to talk about the dangers of unhealthy eating.
Smoking	'No smoking' policies in public places.	Quitline available for telephone counselling.	Involving media, all levels of government, schools, health centres etc. to promote the 'anti-smoking' message.	Education through schools about the effects of smoking.	Aiming education towards all groups even those not smoking (children) in an attempt to prevent them from taking up the habit.
Depression					

**QUESTION 7**

- a. Evaluate how the Biomedical and Social models of health have contributed to the increase in life expectancy over time. 2 Marks

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- b. Outline one strength and one limitation for both the biomedical and social models of health. 4 Marks

	Biomedical model of health	Social model of health
STRENGTH		
LIMITATION		

- c. List the 5 action areas of the Ottawa charter for health promotion. 5 Marks

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- ❖ ***Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity***

## **MEDICARE**

### **Covers:**

Essential health care services such as:

- Doctors/ specialists consultations fees
- Tests/ examinations to treat an illness, x-ray and pathology tests
- Eye tests from optometrists
- Treatment in a public hospital

### **Does not cover:**

- Cosmetic or unnecessary treatments
- Treatment in a private hospital (will cover only 75%)
- Dental
- Home nursing and Ambulance

## **HOW IS MEDICARE FUNDED?**

Three sources of income:

### **The Medicare Levy**

The additional 2% tax charged to tax payers, low income earners or people with special circumstances are exempt from this.

### **The Medicare Levy Surcharge**

Charged to individuals earning \$90,000 a year or couples earning over \$180,000 a year without private health insurance pay the extra 1 – 1.5%, dependant on level of income.

**General Taxation** allows for the costs incurred above the income from the 2 Medicare related taxes.

## **THE MEDICARE SAFETY NET**

The Medicare Safety Net provides extra financial assistance for those that incur significant out of pocket costs for Medicare services. Once an individual or family has contributed a certain amount out of their own pocket to Medicare services in a calendar year (\$700 for singles and \$1000 for couples and families in 2017), further financial support is provided by the government, making Medicare services cheaper for the remainder of that year.

## **PRIVATE HEALTH INSURANCE**

Private health insurance is a type of insurance under which members pay a premium (or fee) in return for payment towards health-related costs not covered by Medicare. It is additional insurance purchased on top of Medicare.

Through private health insurance patients get the choice of certain medical treatments such as: doctors, hospitals and sort of care. Patients pay a premium and then pay the designated excess at the time of using their insurance. People can choose to sign up to extras which are normally consultations not covered by Medicare such as: dental, complimentary/ alternative health etc.

### **INCENTIVES FOR PEOPLE TO TAKE OUT PRIVATE HEALTH INSURANCE**

If more higher income earning Australians are members of private health insurance they are more likely to then use the private sector and this allows the public health system to be less busy and occupied meaning that access and sustainability are promoted as resources will be more readily available and also last longer.

There are 3 incentives that have been implemented to encourage Australians the take out private health insurance, these are:

#### **Private Health Insurance rebate:**

Under this scheme, policyholders received a 30 per cent rebate (or refund) on their premiums for private health insurance. In 2012, this rebate became **income tested**

- Individuals with an income under \$90 000 received a 27 per cent rebate.
- Individuals with an income between \$90 001 and \$105 000 received an 18 per cent rebate.
- Individuals with an income between \$105 001 and \$140 000 received a 9 per cent rebate.
- Individuals with an income of more than \$140 000 received no rebate.

#### **Lifetime Cover:**

People who take up private insurance after the age of 31 pay an extra 2 per cent on their premiums for every year they are over the age of 30. For example, a person who takes out private health insurance at age 40 will pay 20 per cent more for their private health insurance than someone who first takes out hospital cover at age 30

#### **Medicare Levy Surcharge:**

People earning more than \$90 000 a year (\$180 000 for families) pay an extra tax as a Medicare levy surcharge if they do not purchase private health insurance. The Medicare levy surcharge is calculated according to income and ranges from 1 per cent to 1.5 per cent.

	<b>Advantages</b>	<b>Disadvantages</b>
<b>Medicare</b>	<p>Choice of doctor for out-of-hospital services.</p> <p>Available to all Australian citizens.</p> <p>Reciprocal agreement b/w Aust. and other countries allows Aust. Citizens to access free health care in selected countries.</p> <p>Covers tests and examinations, doctors and specialists fees (schedule fee only), x-rays, eye tests etc.</p>	<p>No choice of doctor for in-hospital treatments.</p> <p>Waiting lists for many treatments.</p> <p>Does not cover alternative therapies.</p> <p>Medicare often does not cover the full amount of a doctor's visit.</p>
<b>Private Health Insurance</b>	<p>Enables access to private hospital care.</p> <p>Choice of doctor while in public or private hospital.</p> <p>Shorter waiting times for some medical procedures such as elective surgery.</p> <p>Depending on the level of cover purchased, services such as dental, chiropractic, physiotherapy, glasses and dietetics could be paid for.</p> <p>Helps to keep the costs of operating Medicare under control.</p> <p>High income earners with private health insurance do not have to pay the additional Medicare levy surcharge (1%-1.5%).</p> <p>Government rebate (income tested 2012). Up to 30% rebate.</p> <p>'Lifetime cover' incentive.</p>	<p>Costly in terms of the premiums that have to be paid.</p> <p>Sometimes have a 'gap' which means that the insurance doesn't cover the whole fee and the individual must pay the difference.</p> <p>Qualifying periods apply for some conditions (e.g. pregnancy).</p>

## PHARMACEUTICAL BENEFITS SCHEME

- Federal government's subsidy scheme for essential medicines.
- Over 3,000 brands of prescription medicine are covered by the PBS (this includes different brands of the same medicine).
- As at 2017, the co-payment for most PBS subsidised medication is up to \$38.80 or \$6.30 for concession card holders. The government pays the remaining cost. These costs are adjusted each year on the 1st of January to stay in line with inflation.

**Note:** Safety Net Thresholds (\$348.00 – concession), (\$1521.80 – general). After this, concession have no cost, general is charged \$6.40 for remainder of calendar year.

- Not all medicines are covered. If they are not on the PBS list, the patient must pay the full amount.

## NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

The NDIS is a national insurance scheme that provides services and support for people with permanent, significant disabilities, and their families and carers

Funded by the federal and state/territory governments, the NDIS works to assist individuals with disabilities to live an ordinary life

Not all Australians with a disability have access to this insurance scheme – there is some eligibility criteria that must be met:

- Be an Australian citizen
- Live in Australia where the NDIS is available
- You have an impairment or condition that is likely to be permanent
- Your impairment substantially reduces your ability to participate effectively in activities, or perform tasks or actions
- Your impairment affects your capacity for social and economic participation
- You are likely to require support under the NDIS for your lifetime

If requirements are met an individualised plan is developed that should allow the individual to:

- Access mainstream services and supports
- Access community services and supports
- Maintain informal support arrangements
- Receive reasonable and necessary funded supports



## **THE ROLE OF AUSTRALIA'S HEALTH SYSTEM IN PROMOTING HEALTH**

Australia's health system plays a significant role in promoting health status. Four key areas of focus guide the implementation of the health system and can be used to explore the way in which health status is targeted:

- Funding
- Sustainability
- Access
- Equity.

All four areas are to be interrelated so there may be receptiveness in how each of the areas impact the health system.

### **FUNDING**

Funding of the health system relates to the financial resources that are provided to keep the health system adequately staffed and resourced so a high level of care is available for those who need it.

Funding is provided in the form of:

- Healthcare infrastructure
- Training for health professionals
- Subsidising health services
- Personnel
- Essential medicines
- Medical supplies and technology
- Public health programs

### **SUSTAINABILITY:**

As the population grows and ages, and different needs emerge within the Australian population, the health system is experiencing increasing pressure. The system must be equipped so it can evolve to ensure that a high quality of care is continually available for anyone in need.

### **DEFINITION OF SUSTAINABILITY:**

*'Meeting the needs of the present without compromising the needs of future generations'*

Aspects to be considered for sustainability of healthcare:

- Funding and Regulation
- An efficient health system and workforce
- Disease prevention and early intervention
- Research and monitoring

## **ACCESS**

An accessible health system is one that can provide all people with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country. This means that access must be available to people from all socioeconomic groups and those living within and outside of Australia's major cities.

SES groups have been considered and the following has been implemented:

- Fee free treatment in public hospitals
- Subsidised medication
- Subsidised private health insurance (private health insurance rebate)
- Support through the NDIS

Rural and remote areas have been considered and the following has been implemented:

- Royal flying doctors service
- Rural retention program

## **EQUITY**

As already discussed, all Australians should be able to access healthcare when required. Achieving equality in access is important, as some people — such as Indigenous Australians and those living outside of major cities — do not have the same access to health services as others.

Interventions designed to promote equity include:

- Access for SES and rural and remote groups
- NDIS
- Medicare safety net
- PBS safety net
- Public dental health services

## THE ROLE OF AUSTRALIA'S HEALTH SYSTEM IN PROMOTING HEALTH

	Description	Examples:
<b>Funding</b>	Funding of the health system relates to the financial resources that are provided to keep the health system adequately staffed and resourced, so a high level of care is available for those who need it.	<ul style="list-style-type: none"> <li>• Healthcare infrastructure</li> <li>• Training for health professionals</li> <li>• Subsidising health services</li> <li>• Personnel</li> <li>• Essential medicines</li> <li>• Medical supplies and technology</li> <li>• Public health programs</li> </ul>
<b>Sustainability</b>	As the population grows and ages, and different needs emerge within the Australian population, the health system is experiencing increasing pressure. The system must be equipped so it can evolve to ensure that a high quality of care is continually available for anyone in need.	<ul style="list-style-type: none"> <li>• Funding and Regulation</li> <li>• An efficient health system and workforce</li> <li>• Disease prevention and early intervention</li> <li>• Research and monitoring</li> </ul>
<b>Access</b>	An accessible health system is one that can provide all people with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country. This means that access must be available to people from all socioeconomic groups and those living within and outside of Australia's major cities.	<ul style="list-style-type: none"> <li>• Fee free treatment in public hospitals</li> <li>• Subsidised medication</li> <li>• Subsidised private health insurance (private health insurance rebate)</li> <li>• Support through the NDIS</li> <li>• Royal flying doctors service</li> <li>• Rural retention program</li> </ul>
<b>Equity</b>	As already discussed, all Australians should be able to access healthcare when required. Achieving equality in access is important, as some people — such as Indigenous Australians and those living outside of major cities — do not have the same access to health services as others.	<ul style="list-style-type: none"> <li>• Access for SES and rural and remote groups</li> <li>• NDIS</li> <li>• Medicare safety net</li> <li>• PBS safety net</li> <li>• Public dental health services</li> </ul>

**QUESTION 8**

**a.** Describe Medicare. 2 Marks

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**b.** Explain how Medicare is funded. 3 Marks

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**c.** Outline **two** similarities and **two** differences between the NDIS and Medicare. 4 Marks

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**d.** Explain how the NDIS promotes health in relation to equity. 2 Marks

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